| | | | | | | | | pplication or Docket Number | | | | | |
|---|--|---------------------------------|-------------------------------------|-----------------------|---------------------|------------------|-----------|-----------------------------|------------------------|---------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 | | | | | | | | | | | |) | |
| | | | MALL EN | NTITY | OR | OTHER SMALL I | | | | | | | |
| TO | OTAL CLAIMS | | (Column | | (Column 2) | | Ė | RATE | FEE | | RATE | , FEE | |
| FOR | | | NUMBER F | ILED | NUMBER EXTRA | | 8 | ASIC FEE | | OB | BASIC FEE | 7-27 S | |
| TOTAL CHARGEABLE CLAIMS | | | / minus 20= | | • | | - | XS 9= | | | X\$18= | su- | |
| INDEPENDENT CLAIMS | | | / minus 3 = | | • | | · | | | OR | | | |
| <u> </u> | | IDENT CLAIM P | L | 105 3 = | | | | X40= | | OR | X80= | | |
| | | DENT GEMANT | TCOCI41 | | | 1 | | +135= | | OR | +270= | , | |
| ·If | the difference | in column 1 is | less than zero, enter "0" in column | | | column 2 | | TOTAL | | OR | TOTAL | 860 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | , | | | OTHER | | |
| | | (Column 1) | Land Albanda Roll | (Colur | | (Column 3) | · | SMALL | | OR | SMALL | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER. DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | •• | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | Minus | *** | | = | | X40= | | 00 | X80= | | |
| ۷ | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | CLAIM | | ┞ | | | OR | | | | |
| | | | | | | | L | +135= | | OR | +270= | | |
| | | | | • | | | AC | TOTAL OOIT, FEE | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) CLAIMS | I and the second | (Colur | | (Column 3) | ۰ – | | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | | Minus | •• | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | Minus | | | = |] | X40= | | OR | X80= | | |
| ∀ | FIRST PRESE | NTATION OF MU | JLTIPLE DEP | ENDENT | CLAIM | | ┚┟ | +135= | | OR | +270= | | |
| | | | | | | | L | TOTAL | | OR | TOTAL | | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | . Al | ODIT. FEE | | | ADDIT. FEE | | |
| G | ti ss of the co | CLAIMS | 10 Miles | | HEST IBER | | 7 | | ADDI- | 1 | | ADDI- | |
| AMENDMENT C | मुख्या है। | REMAINING AFTER AMENDMENT | | PREVI | OUSLY FOR | PRESENT EXTRA | \rfloor | RATE | TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | | Minus | ••• | | = | ┧┞ | X40= | | 1 | X80= | | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ┧┟ | | | OR | | 1. | |
| | If the entry in eat- | imn 1 is lose than t | ha anthi in col- | imn 2 west | ie "0" <i>i</i> n o | nlump 3 | L | +135= | | OR | +270= | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE OR ADDIT, FEE OR ADDIT, FEE | | | | | | | | | | | | | |
| | | mber Previously Pa | | | | | | nd in the ap | opropriate bo | ox in c | olumn 1. | | |